

สมรรถนะที่พึงประสงค์ของบัณฑิตพยาบาลไทย: มุมมองของผู้มีส่วนได้ส่วนเสียทางการพยาบาล

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บทคัดย่อ

สมรรถนะของบัณฑิตพยาบาลไทยในบริบทที่มีการเปลี่ยนแปลงในมุมมองของผู้มีส่วนได้ส่วนเสียในวิชาชีพพยาบาล ยังไม่ชัดเจน งานวิจัยเชิงคุณภาพฉบับนี้มีวัตถุประสงค์เพื่อระบุสมรรถนะของบัณฑิตพยาบาลไทยที่พึงประสงค์ ตามมุมมองของผู้มีส่วนได้ส่วนเสียในวิชาชีพพยาบาล และเพื่อเสนอรูปแบบสมรรถนะบัณฑิตพยาบาลไทยในบริบทที่มีการเปลี่ยนแปลง กลุ่มตัวอย่างเป็นผู้มีส่วนได้ส่วนเสียในวิชาชีพพยาบาลจำนวน 25 คน แบ่งเข้ากลุ่มสนทนา แบบ focus group discussion เป็น 3 กลุ่ม ได้แก่ กลุ่ม 1 ผู้บริหารทางการพยาบาล 8 คน และผู้แทนจากสภาการพยาบาล 1 คน กลุ่ม 2 นักศึกษาพยาบาล 8 คน กลุ่ม 3 อาจารย์ 8 คน ตามประเด็นของการสนทนางroup ที่ผู้วิจัยสร้างขึ้น วิเคราะห์ข้อมูลโดยใช้การวิเคราะห์เนื้อหาแบบนัยโดยใช้กรอบการวิเคราะห์ที่ค้นคว้าจากการทบทวนวรรณกรรม

ผลการวิจัยพบว่า สมรรถนะที่พึงประสงค์ในบัณฑิตพยาบาลในมุมมองของผู้มีส่วนได้ส่วนเสียเป็นไปในแนวทางเดียวกันตามกรอบมาตรฐานที่กำหนดโดยสภาการพยาบาลแห่งประเทศไทย กรอบมาตรฐานคุณวุฒิ ระดับอุดมศึกษาแห่งชาติและทักษะแห่งศตวรรษที่ 21 โดยกลุ่มตัวอย่างได้เน้นย้ำความสำคัญของสมรรถนะที่พึงประสงค์ไว้ 9 ประการ ได้แก่ 1) ความรักและความเมตตา กรุณา 2) การคิดเชิงวิพากษ์และสร้างสรรค์ 3) การคิดและแก้ปัญหาเชิงกลยุทธ์ 4) การจัดการกับ ความท้าทาย 5) ภาวะผู้นำ การทำงานเป็นทีมและการจัดการ 6) การวิจัย 7) การสื่อสารที่มีประสิทธิภาพ 8) การใช้เทคโนโลยีสารสนเทศ และ 9) ภูมิปัญญาไทย และมีรูปแบบสมรรถนะที่พึงประสงค์ของบัณฑิตพยาบาลไทย ในอนาคตที่ได้พัฒนาขึ้นตามมุมมองของผู้มีส่วนได้ส่วนเสียดังกล่าว สรุปได้ว่าสมรรถนะที่พึงประสงค์ในบัณฑิตพยาบาลไทย ในมุมมองของผู้มีส่วนได้ส่วนเสียนั้นมีหลายประการ ควรมีการนำเอามุมมองเหล่านี้มาใช้เป็นข้อมูลเบื้องต้นในการพัฒนา หลักสูตรเพื่อตอบสนองต่อความต้องการด้านสุขภาพที่เปลี่ยนแปลงตามบริบทในอนาคต

คำสำคัญ: บัณฑิตพยาบาล, สมรรถนะของพยาบาล, มุมมองของผู้มีส่วนได้ส่วนเสีย

Future required competencies of Thai nursing graduates:

Nursing stakeholders' perspectives

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ABSTRACT

Thai nursing graduate competencies during an emerging country context based on nursing stakeholders' perspectives are unclear. The purpose of this descriptive qualitative research was to identify the future required competencies of nursing graduates based on stakeholders' perspectives. A 'model graduate' was additionally proposed. Twenty-five stakeholders in nursing were divided into three groups, including 1) eight nurse executives and a representative from Thailand Nursing and Midwifery Council (TNMC), 2) eight nursing students, and 3) eight lecturers. A focus group discussion question guide was used for data collection. Data were analyzed using content analysis, a deductive approach. The categorization matrix of nursing competencies was established based on the literature reviews.

The results reveal that the future required competencies identified by the stakeholders were in line with competencies set by TNMC, Thailand Qualification Framework, and 21st Century Skills. The stakeholders emphasized nine outstanding competencies, including 1) Passion and Compassion, 2) Critical and Creative Thinking, 3) Strategic Thinking and Problem Solving, 4) Dealing with Challenges 5) Leadership, Team Work, and Management, 6) Research Competency, 7) Effective Communication, 8) Information Technology, and 9) Local Wisdom. The researchers proposed a model of future required competencies for nursing graduates.

In summary, the future required competencies are versatile. These competencies should be applied to develop nursing curriculum in response to health needs in emerging country contexts.

Key words: nursing graduates, required competencies, stakeholders' perspective, qualitative research

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Introduction

In dealing with health challenges, comprehensive care is an ultimate goal.¹ Therefore, nurses must be competent to provide a standard of nursing care in response to changing health needs. However, due to a variety of complex settings in nursing, nurse competencies are ambiguous.² Thailand Nursing and Midwifery Council (TNMC)³ requires eight competencies to be acquired by nursing graduates, including 1) Ethics, Code of Conduct, and the Law; 2) Core Nursing and Midwifery Practices; 3) Professional Characteristics; 4) Leadership, Management, and Quality Improvement; 5) Academics and Research Competencies; 6) Communication and Relationships; 7) Information Technology and 8) Social Competency.³ Nevertheless, the current competencies of Thai nurses may have deficits, such as 1) lack of knowledge and standards to apply into practice, 2) attitudes of nurses towards elderly resulting in inadequate care for this group of patients, 3) lack of active coordinating and service, emphasizing treatment rather than health promotion and lack of multidisciplinary cooperation, and 4) limitation in storage, usage and referral of information leading to inaccessible and obsoleted information.⁴⁻⁵ Aiming at improvement, the Thai nursing curriculum has been designed following the framework issued by the National Education Act B.E 2542 and related second version B.E. 2545 and Thailand's National Qualification Framework for Higher Education (TQF). Besides, the Framework for 21st Century learning as well as the Framework of the 2nd Long Range Plan on Higher Education for high-quality education has been implemented. Finally, nursing education, practice, and competencies are regulated by TNMC.

Although the nursing curriculum has been frequently modified over time, it is not completely

clear what additional competencies of a nursing graduate are required.² In 2010, Frenk and colleagues⁶ stated that “professional education has not kept pace with these challenges, largely because of fragmented, outdated and static curricula that produce ill-equipped graduates”. In 2016, Sawaengdee and colleagues⁷ investigated self-rated competencies in a sample of 3,349 Thai nursing students. They found that the majority of students reported being “confident” or “very confident” in all competencies. However, the results were based on self-assessment and nurses' confidence does not automatically correspond with the actual needs of the stakeholders.

Research objective

To describe stakeholders' perspectives in identifying future required competencies of nursing graduates in Thailand and to propose the qualities of a ‘model graduate’.

Research methodology

The descriptive qualitative research was selected to solicit nursing stakeholders' perspectives. Literature reviews and focus group discussions (FGDs) with stakeholders in nursing were applied. The duration of the study was from April 2016– March 2017.

Sample size and setting

The study population included lecturers and students from 78 nursing schools in Thailand and nurse executives. Benner's level of experience⁸ was applied. We divided nursing schools into four main groups including the Ministry of Education, the Ministry of Public Health (MOPH), Ministry of Defense, and private institutes. One school was randomly selected from each group by using school's inclusion criteria,

which were: 1) head of schools volunteering to participate in the study, 2) operating for more than 10 years, and 3) offering a Bachelor's Degree. School's exclusion criteria were 1) had not been accredited by TNMC and 2) had no graduates. Key informants (KIs) in each school were recruited using purposive sampling with the inclusion criteria: 1) 18 years old or more, and 2) experienced in nursing education and nursing practice. Exclusion criteria were those lecturers who had no nursing qualification and no experience in nursing practice. Eight nurse executives, eight nursing students, eight faculty members, and a TNMC representative were recruited and provided saturated data. FGD question guide was developed and validated by three experts. The Index of Item Objective Congruence was .75.

Ethical considerations

Ethical approval was obtained from the Institute for the Development of Human Research Protections (IHRP 453/2559), the MOPH. KIs were informed that their consent was completely voluntary.

Data collection

1. After the ethical approval, the data collection started. The agreeing KIs gave their written informed consent. The FGDs, around 45 - 90 minutes each, were conducted. At the end of each FGD, the researchers summarized their viewpoints, while the KIs confirmed the details including revisions if any.

2. Data collection and analysis were conducted simultaneously, including validation of the emerging categories and member checking process.

3. The development process of 'model graduate' was composed of: 1) conducting the literature review on nursing graduate competencies; 2) developing an

FGD question guide; 3) conducting FGDs 4) synthesizing data because of stakeholders; and 5) formulating the future required graduate competencies. Throughout the study, the trustworthiness including credibility, transferability, dependability, and confirmability was validated.

Data analysis

Elo and Kyngas' content analysis⁹, deductive approach using the competency frame, was applied because this study was based on available competency frameworks and the analysis moved from general to a specific process. The researchers read through data several times to make sense of 'what is going on' and obtained a sense of the whole. The manifest contents were focused as the unit of the data analysis. The categorization matrix based on the TNMC, TQF, and 21st Century Skills competency model was developed and data were coded. The aspects that fit in the matrix of analysis were chosen as the process of testing categories, concepts, and competency models. Finally, the competency model was summarized to present the future required competencies. The researchers applied the Consolidated Criteria for Reporting Qualitative Research (COREQ)¹⁰: a 32-Item Checklist for Interviews and Focus Groups when reporting the aspects of the study methods, the context of the study, findings, analysis, and interpretations.

Results

All KIs in this study were female. Faculty members from four nursing schools working in nursing education for more than 10 years were rated as experts. Nurse executives were leaders in hospitals. One of the lecturers and one of the nurse executives worked outside Bangkok. In addition, the samples included eight senior students from four nursing schools.

The KIs perspectives on future required competencies of nursing graduates were relevant to competencies listed by nursing professional bodies. However, they were more concerned about the decline of nine particular competencies in new nurse-generations (Table 1).

compassion resulting in unethical care. They were also concerned about ways to develop these competencies in the new generation.

Table1. Categorization matrix of future required competencies of nursing graduates

Reviewed Competencies	Perspectives on Future Required Competencies
Ethics, Code of Conduct, and the Law	• Passion and Compassion
Core Nursing and Midwifery Practices	– None
Professional Characteristics	• Critical and Creative Thinking • Strategic Thinking and Problem Solving • Dealing with Challenges
Leadership, Management, and Quality Improvement	• Leadership, Team Work and Management
Academic and Research Competencies	• Research Competency
Communication and Relationships	• Effective Communication
Information Technology	• Information Technology
Social Competency	• Local Wisdom

1. Passion and Compassion

Passion was a crucial quality to dedicatedly work to the best outcomes of the patients. Without passion, the outcomes of care might be possibly different. The KIs discussed that a reason for those without passion was because they only wanted a job and employment for living. Below is an example of the stakeholders' view.

Passion for profession is crucial. There was a nurse, who had a bad relationship. We learned that she hated her profession very much, but in her community, everyone told her that she should learn to get a job. (FD3, p2, 2–3)

Compassion, the other drive to care for other people, is equally important. Compassion is defined as what nurses extended to others through their care and empathy. KIs expressed their concerns that the future generation had low passion and

We must find ways to produce the new generation to love and have faith in their nursing profession and self – esteem. If they are compassionate, generosity, and kindness will be developed; hence, unethical nursing practice will decrease. (FD3, p1, 6–7)

2. Critical and Creative thinking

Nursing care is multi-facet and complicated; therefore, critical and creative thinking are needed to effectively manage limited resources for ultimate health outcomes. KIs emphasized that these competencies are essential, as quoted below.

Regarding critical thinking, we talk a lot, but without effect on students. Nurses should be able to detect problems timely, by setting priorities, being sensitive, attentive, and knowledgeable particularly in areas that should be their basic skills. Besides,

senior nurses or lecturers must train them by applying previous experiences. (FD1, p1, 13-16)

3. Strategic Thinking and Problem Solving

When facing complex problems, nurses who have strategic thinking skills can break down possible resolution processes. One KI stated that *Every nurse must have strategic thinking.* (FD3, p2,5). Another KI also indicated that *Nurses with little strategic thinking may worsen problems instead of solving them. They cannot identify what they want for help.* (FD3, p1, 18 -21) The other KI exemplified the importance of strategic thinking on ICU.

For example, a nurse in the ICU wanted the administrators of the hospital to learn about a problem, by applying for the move to another department. The director and the head nurses started to investigate the reason. Finally, her real intention was successful. (FD3, p2,14-15)

4. Dealing with Challenges

Nurses have to face physical and mental challenges, such as bullying, existing and emerging diseases. The participants agreed about the following: *Nurses must be strong and responsive. Endurance and strength must be trained so that nurses can meet challenges, like natural disasters or mass casualties. Currently we do not prepare them well enough to be tough and flexible for unexpected situations.* (FD1, p1,18-20)

5. Leadership, Teamwork, and Management

The KIs discussed that these competencies relevantly contributed to health outcomes. One KI emphasized, *Nurses must have leadership and be able to work in a team.* (FD1, p1,12). In addition, the other KIs were concerned with teamwork issues as follows.

Ability of teamwork is mandatory. If we don't have good collaboration in multidisciplinary teams, the ones who are affected are the patients.

(FD1, p1, 7-8)

From my working experiences in a public hospital, the young generations are neither good leaders nor real team-members. (FD3, p1,9-12)

6. Research Competency

The KIs discussed that nurses had to deal with a tremendous amount of data, and that they had to be able to utilize them adequately. They additionally emphasized that to utilize data to improve health outcomes, nurses had to be competent in applying research competency wisely as one KI said, *Nurses must be able to record, analyze data, and apply the results to improve the quality of their nursing care.* (FD1, p1, 11)

7. Effective Communication

The KIs emphasized that nurses had to coordinate work among multidisciplinary teams. They assessed the communication skills essential for achieving optimal health outcomes. One KI stated that *Bad communication causes conflicts even though both parties aim to work for the patient.* (FD3, p1, 14-15). There was agreement about three main categories consisting of language skills, active listening, and negotiation. The issue was exemplified as follows: *Nurses require the ability to effectively communicate with patients from abroad as well by using international languages, particularly the use of the English language effectively.* (FD3, p1, 4-6)

8. Information Technology

The KIs addressed that nurses had to be competent in using information technology. One KI stated that For ICT Competencies, nurses must know how to use it. (FD1, p1,18). The other KI said Nurses must be able to record and analyze data and apply it to improve the quality of their nursing care. (FD1, p1, 11)

9. Local Wisdom

The KIs emphasized that the graduates had to be able to integrate local wisdom to improve patients' outcomes, which included traditional and complementary medicine. One KI stated that *Nurses should have knowledge and competencies in integrating traditional knowledge, such as using massage or herbal medicine to relieve some symptoms.* (FD1, p1, 13–16)

The proposed future required competencies from the stakeholders' perspectives are presented in Figure 1.

Discussion

In our study, KIs identified nine future required competencies similar to those required by TNMC, TQF, and Framework for 21st Century skills. Passion and compassion are identified as important parts of the nursing profession, because working without passion may lead to unfavorable impact on the patients' outcome. Nurses' passion can be hampered by several factors, such as exposure to physical or psychosocial risks in routine work.¹¹ Working conditions such as intensive and rotating work shifts or patients' expectations can add up the list. Stress may even result in burn out. On the other hand, passion may have a preventing effect against syndromes of work overload.¹¹ Equally important, compassion is naturally accompanied by empathy, respect, and dignity.¹² The UK National Health Service emphasizes in 'Compassion in Practice: One Year on' that "Compassion is fundamental to patient care and the need for compassion in practice is as strong as it has ever been".¹²

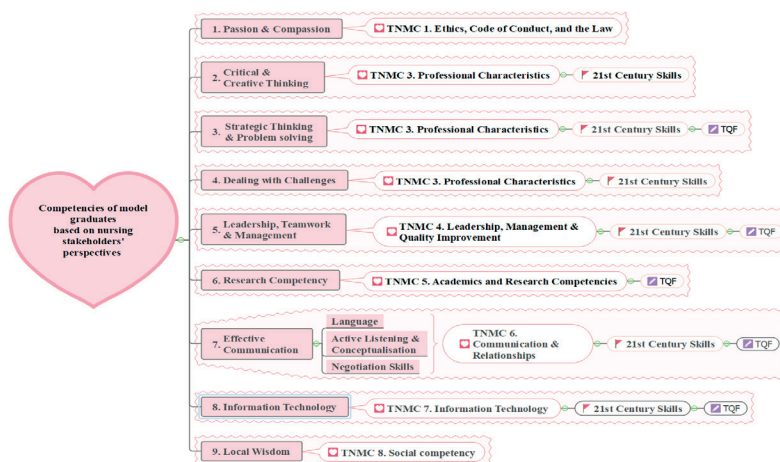


Figure 1. A proposed model for future required competencies of Thai nursing graduates*

*Items 1–9 = Nursing graduates competencies specified by KIs.

TNMC, 21st Century skills, TQF = Competencies specified are relevant to those in TNMC, 21st Century Skills & TQF.

Critical and creative thinking are emphasized by KIs, as these qualities are essential to manage problems in complex clinical situations to maintain patient safety.¹³⁻¹⁵ Educating nursing students to be critical and creative is, however, challenging. In one review¹⁵, three issues are emphasized: components for critical thinkers, influential factors of critical thinking, and strategies to promote critical thinking. For creative thinking, course structures include diversity learning, freedom to learn, learning with confidence, and learning through group work.¹⁴ Various methods are used to promote critical thinking ranging from tutoring, reflective essay, concept mapping, simulation scenarios, clinical laboratory to problem-based learning.¹³ However, before promoting these competencies in students, nurse educators and preceptors should be critical and creative.

The KIs agreed that nurses must have strategic thinking skills to initiate changes and solve problems. Strategic thinking skills may be viewed as one of the key skills in nursing executives or leaders.¹⁶ To accomplish these six skills may be beyond the ability of some qualified nurses, not to mention ‘beginners’ who have ‘no experience yet.’⁸ However, nursing educators and preceptors may prepare nursing students to perform some of these abilities in their daily practice, so they can apply in their future work as more experienced nurses.

Dealing with challenges is essential. Challenges faced by nurses generally include 1) shortage of staff, 2) long shifts, 3) workplace hazards, 4) workplace violence, and 5) bullying and harassment.¹⁷ So, graduates must adapt themselves quickly into their working environment. Nurse lecturers and leaders should assist novices through 1) mentor-mentee program, 2) transition to practice

program, 3) encouraging to pursue advanced degrees, and 4) shared governance.¹⁸

Leadership, teamwork, and management are viewed as important competencies of the nursing graduates. In a review of 20 studies¹⁹, working relationships between health personnel leads to patients’ satisfaction, reducing mortality, medication errors, the use of restraints, and hospital-acquired infections. The desirable qualities of nurse leaders may vary. Leaders who are participative, facilitative, and emotionally intelligent are preferred as it affects cohesion, stress, empowerment, and self-efficacy within the team.²⁰

The competencies in conducting research are emphasized as an important future quality in nursing. A US-based group²¹ described the practice of nurses being often wedged between routine and research, thus serving in both directions. However, in developing countries, such as Thailand the majority of nurses lack such competencies.²² If an individual nurse has the desire to work scientifically, she should be supported by the respective responsible person.

Effective communication is essential in the nursing profession. However, the English-speaking skills of Thai nursing students are generally poor compared to medical or dental students.²³ Thai nursing students are mostly anxious to use English language.²⁴ Nurses working in international hospitals in Bangkok perceived that they experienced communication problems despite their fair knowledge in English.²⁵ Therefore, English teaching including skills in active listening and negotiation should have high priority.

Information technology is increasingly important in the Framework for 21st Century Skills. However, the nurses’ true skills in this area are still unclear. A review indicates that ICT integration in nursing education in Southeast Asia has not been given significant

attention yet.²⁶ The authors concluded that the governments of the Southeast Asian countries should provide sufficient support for ICT integration in nursing institutions.

The final important competency is the local wisdom. Future graduates should be competent to integrate local wisdom into their nursing care. Traditional medicine can be an alternative to 'conventional' approach. Incorporating spiritual care into nursing potentially improve patients' quality of life, both physically and spiritually.²⁷ Lundberg and Kerdonfag emphasized by stating '*Nurses should consider spirituality as an important component of holistic care...they should expand their knowledge and understanding of spirituality and develop tools for assessment of spiritual needs*'.²⁸

Conclusion

The future required competencies in this study are various and relevant to those required by Thailand professional regulatory bodies. Therefore, these particular competencies should be promoted in nursing education to train students to be competent. Eventually, Thai nursing graduates are expected to be competent to respond to complex population health needs in rapid changes in the country context.

Limitation

1. The majority of KIs were from Bangkok and metropolitan areas. Perspectives may be different if recruiting more KIs from different areas, including rural regions.

2. Although females dominate the nursing profession, more male nurses have been in the profession and have contributed to the improvements in the nursing profession around the country. Hence, variations in genders of KIs may present diverse perspectives in future required competencies.

Recommendation for nursing education, research, and practice

1. Future required competencies based on stakeholders' perspectives should be used as basic background information in the curriculum development in nursing education.

2. Research to explore broader stakeholders' perspectives from communities in which the nursing schools locate should be done.

3. Perspectives from stakeholders with different professions should be investigated.

4. The current faculty competencies, faculty development, and faculty practice should be investigated.

5. More variations in the background of KIs are required to represent broader perspectives.

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